

# Workers' Compensation Section of the State Bar of California

## Registration Form

Note: One form per registrant. Photocopies may be used.

### Choose Location

- ☐ July 15, 2006 at Hilton Los Angeles/Universal City  
☐ July 22, 2006 at Westin Hotel/Millbrae San Francisco Airport

Bar # \_\_\_\_\_ ☐ Applicant Attorney ☐ Defense Attorney ☐ Judge

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

*Program package includes 6 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.*

### Pre-Registration Fees

☐ Workers' Comp. Section Members .....\$195

☐ Non-Section Members .....\$260

Includes enrollment in the Workers' Compensation Section for 2006

☐ Workers' Comp. Section Enrollment Only .....\$65

**\*\*On-site Registration Fees are \$220 for Section Members and \$295 for Non Section Members**

(Includes enrollment in the Workers' Compensation Section for 2006)\*\*

AMOUNT ENCLOSED/TO BE CHARGED \$ \_\_\_\_\_

### Credit Card Information (VISA/MasterCard Only)

I/we authorize the State Bar of California to charge my/our program registration to my/our VISA/MasterCard account. (No other credit card will be accepted.)

Account Number \_\_\_\_\_

*VISA or MasterCard only*

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Deadline: In order to Pre-register, your form and check, payable to the *State Bar of California*, or credit card information, must be received five working days before the program.

**Register online: [www.calbar.ca.gov/workerscomp](http://www.calbar.ca.gov/workerscomp)**

MAIL TO: Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105

FAX TO: Program Registrations at 415-538-2368. In order to fax your registration, credit card information is MANDATORY. (Photocopies of checks will NOT be accepted)